24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
Check If X 24-hour report 48-hour report New report Amends report filed	1 on	
Check in 1924 hour report 1990 to 1990		
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date	
Mailing Address 220 E Adams St	10 24 2012	
Suite 200	Amount	
City State Zip Code	45000.00	
Springfield IL 62701	15000.00 Transaction ID : SE.4952	
Purpose of Expenditure Voter Telephone Contact (also supports Biggert) Category/ Type Office	ce Sought: House State: IL Senate District: 11	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
G. WILLIAM (BILL) FOSTER	eck One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disk 206437.95	oursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date 10 24 2012	
Mailing Address 220 E Adams St		
Suite 200	Amount	
City State Zip Code Springfield IL 62701	15000.00 Transaction ID : SE.4953	
Purpose of Expenditure Voter Telephone Contact (also supports Davis) Category/ Type Office	ce Sought: House State: IL Senate District: 13	
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL Che	President Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 202187.43 Dist	Oursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 7 1	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	10 25 2012	
Signature		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If X 24-hour report 48-hour report New report Amends report	ort filed on
Full Name (Last, First, Middle Initial) of Payee	
XPS Professional Services	Date 10 / 24 / 2012
Mailing Address 220 E Adams St	10 24 2012
Suite 200	Amount
City State Zip Code	15000.00
Springfield IL 62701	Transaction ID : SE.4954
Purpose of Expenditure Voter Telephone Contact (also supports Dold) Category/ Type	Office Sought: House State: IL Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President
BRADLEY SCOTT SCHNEIDER	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date 10 24 2012
Mailing Address 220 E Adams St	
Suite 200	Amount
City State Zip Code Springfield IL 62701	15000.00 Transaction ID : SE.4955
Purpose of Expenditure Voter Telephone Contact (also supports Plummer) Category/ Type	Office Sought: House State: IL Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	President
WILLIAM L JR ENYART	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· •
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise [Electronically Filed] Date	e 10 25 2012
Signature	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If X 24-hour report 48-hour report New report Amends report	t filed on
Full Name (Last, First, Middle Initial) of Payee	
XPS Professional Services	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 220 E Adams St	
Suite 200	Amount
City State Zip Code	15000.00
Springfield IL 62701	Transaction ID : SE.4956
Purpose of Expenditure Voter Telephone Contact (also supports Schilling) Category/ Type	Office Sought: House State: IL Senate District: 17
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CHERI BUSTOS	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	- L. L. L
Mailing Address	Amount
City State Zip Code	7 WHOUTH
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	75000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise [Electronically Filed] Data	M M
Signature Date	10 25 2012
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